ARC 3550C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4 and 2017 Iowa Acts, House File 653, section 91, the Department of Human Services hereby amends Chapter 75, "Conditions of Eligibility," and Chapter 76, "Enrollment and Reenrollment," Iowa Administrative Code.

These amendments remove references to medical assistance for family planning services which refer to Medicaid under the Family Planning Network waiver. The state of Iowa will no longer provide Medicaid under the Family Planning Network waiver. The state of Iowa will continue to provide family planning services through the new state-funded Family Planning Program (FPP) pursuant to 2017 Iowa Acts, House File 653, section 90, as passed during the 87th Session of the General Assembly. Administrative rules for the new FPP are located at 441—Chapter 87.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 3356C** on October 11, 2017. These amendments were also Adopted and Filed Emergency and published as **ARC 3354C** on the same date and became effective October 1, 2017. The Department received no comments during the public comment period. These amendments are identical to those published under Notice of Intended Action and Adopted and Filed Emergency.

The Council on Human Services adopted these amendments on December 13, 2017.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, providers of family planning services may see an increase or decrease in staffing needs based on the number of individuals seeking family planning services from the providers' agencies.

These amendments are intended to implement Iowa Code chapter 249A and section 217.41B.

These amendments will become effective February 7, 2018, at which time the Adopted and Filed Emergency amendments are hereby rescinded.

The following amendments are adopted.

ITEM 1. Rescind and reserve subrule **75.1(41)**.

ITEM 2. Amend subparagraph **75.1(43)"d"(2)** as follows:

(2) Only those persons identified in subparagraph (1) shall be considered a member of the child's household. A person who receives medically needy coverage with a spenddown or limited benefits such as Medicare savings programs ~~or family planning services~~ only is not considered to be "receiving Medicaid" for the purposes of subparagraph (1). A child who lives alone or with persons not identified in subparagraph (1) shall be considered as having a household of one.

ITEM 3. Amend rule 441—75.70(249A) as follows:

441—75.70(249A) Financial eligibility based on modified adjusted gross income (MAGI). Notwithstanding any other provision of this chapter, effective January 1, 2014, financial eligibility for medical assistance shall be determined using "modified adjusted gross income" (MAGI) and "household income" pursuant to 42 U.S.C. § 1396a(e)(14), to the extent required by that section as a condition of federal funding under Title XIX of the Social Security Act. For this purpose, financial eligibility for medical assistance includes any applicable purpose for which a determination of income is required, including the imposition of any premiums or cost sharing. ~~From January 1, 2014, through June 30, 2014, subject to a waiver of the requirements of 42 U.S.C. § 1396a(e)(14) by the federal Centers for Medicare and Medicaid Services, use of MAGI and "household income" shall not be considered to be required by that section for persons otherwise eligible for family planning services under subrule 75.1(41).~~

ITEM 4. Rescind subparagraph **76.2(1)"c"(3)**.

ITEM 5. Renumber subparagraph **76.2(1)"c"(4)** as **76.2(1)"c"(3)**.

ITEM 6. Rescind subparagraph **76.2(2)"c"(3)**.

ITEM 7. Amend subparagraph **76.14(2)"a"(2)** as follows:

(2) Information for the eligibility review shall be submitted on Review/Recertification Eligibility Document (RRED), Form 470-2881, 470-2881(M), 470-2881(S), or 470-2881(MS), with the following exceptions:

1. to 4. No change.

~~5. Members eligible for family planning services only shall complete Family Planning Medicaid Review, Form 470-4071. The member must submit the completed review form before the end of the eligibility period to any location specified in subparagraph 76.2(2)*"c"*(3).~~

ITEM 8. Amend subparagraph **76.14(2)"a"(5)** as follows:

(5) Reinstatement. When medical assistance has been canceled for failure to return a completed review form, assistance may be reinstated without a new application if the department receives the completed form within 14 calendar days of the effective date of cancellation. If the fourteenth calendar day falls on a weekend or state holiday, the member shall have until the next business day to provide the information. ~~EXCEPTION: Members eligible for family planning services only who fail to submit Family Planning Medicaid Review, Form 470-4071, before the end of the eligibility period must reapply as directed in rule 441—76.2(249A).~~

ITEM 9. Amend subparagraph **76.14(2)"b"(2)** as follows:

(2) When eligibility cannot be determined based on information in the electronic case record and data matches, the member will be provided with a prepopulated renewal form~~, MAGI Medicaid Renewal, Form 470-5168 or Form 470-5168(S),~~ and will have 30 days from the date of the renewal form to sign and return the form with necessary information~~, with the following exceptions:~~.

1. Members ~~eligible for family planning services only shall complete Family Planning Medicaid Review, Form 470-4071~~ whose eligibility is based on the modified adjusted gross income methodology shall complete and return Medicaid/HAWK-I Review, Form 470-5168, 470-5168(S), 470-5168(M), or 470-5168(MS).

2. Members whose eligibility for Medicaid is not based on the modified adjusted gross income methodology shall complete and return Medicaid Review, Form 470-3118, ~~or~~ 470-3118(S), 470-3118(M), or 470-3118(MS) when requested to do so by the department. Members whose eligibility has been determined on the basis of age, blindness or disability must sign and return the notice within 30 days of the date on the notice and provide verification of income and resources before a determination of continued eligibility can be made.

ITEM 10. Amend subparagraph **76.14(2)"b"(3)** as follows:

(3) Enrollment will end when information or documentation necessary to complete the determination of continued eligibility is not returned within 30 days~~, with the exception that members eligible for family planning services only who fail to submit the completed Family Planning Medicaid Review, Form 470-4071, before the end of the eligibility period must reapply as directed in rule 441—76.2(249A)~~. The department shall notify the member on Notice of Action, Form 470-0485 or Form 470-0485(S).

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 1/3/18.